STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County (Immeg Jeange	Registration Dist. No. 1245
Village or City mt. Kainster	No. 32/2 Clas Steel St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	
2. FULL NAME Mrs. Many	folion
(a) Residence: No. 32/2 - Clip Shee (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) West and recommended.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(lear)
(or) WIFE of Edward & Baldevin	22. HEREBY CERTIFY. That I attended deceased from 19.35, to 19.35
6. DATE OF BIRTH (month, day, and year) Saw . 29 1870	I lest saw h; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cover any Thrombous Date of onset
A. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Hauseurft SAW MILL, BANK, etc	
10. Dete deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
	Ackerosis
I 13. NAME Salvick George	
13. NAME Satrick Scaney 14. BIRTHPLACE (city or town) (State or country) The same of th	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cachegul Suclas	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Sucles 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19, Where did injury occur?
17. INFORMANT Elizabeth Russo: (Address) 3212 ptis St. NE DE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stablantone Touch Date Sept. 43141935	Manner of Injury
19. UNDERTAKER Dinistry Thanks (Address) (all He of the	24. Wes disease or injury In eny way releted to occupation of deceased?
20 FILED Sept 19, 1935 Mrs. Jas, Severe	(Signed) Francis Collinger M. D. (Address) 340 3-34 8 27 Carrier

If more blanks are needed, addies State Registrar, 2411 N. Charles Street, Baltimore Rough 100 5 100

V. S. No. 1

E .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
001 7 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	S BY PHYSICIAN
**	

V. S. No. 1

STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	174
1. PLACE OF DEATH			945	9 6 X
County Prince	Ser	rges (recording Registration Dist. No. 23	0
Village or City Amm	renda	le, m.	/ NoSt.,	Ward
Length of residence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and n	umber) s. ds.
2. FULL NAME Broth	les E	1	I meph michael 1	7000
(a) Residence: No. Am	mena	ale m	St., Ward.	see -
	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attended of	lacezeed from
(or) WIFE of			San 3 ,1934,10 9/17	193
6. DATE OF BIRTH (month, day, and year)	ov. 21, 1	890	Alast saw harmelive on 9/17 1935	; death is sald
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
0 20 1	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as \$PINNER, SAWYER, BOOKKEEPER, etc	Tinne	len	Coronary Schroses	1930
4 9. Industry or business in which			Control Agus Upacon	
work was done, as SILK MILL, SAW MILL, BANK, etc			Esserax prigue oping	
10 Date deceased lest worked at this occupation (month and year)	spei	ime (years) nt in this upation		
12. BIRTHPLACE (city or town)	altima	ove med	Other Coutributory Causes of importance:	
(State or country)	naver f		Reuli Cardiao Silitationis	alinh
13. NAME Michael	4.13.	eere		74-1-4-5
13. NAME Michael 14. BIRTHPLACE (city or town)	Inel.	nd	Name of operation	
(State of country)	00		What test confirmed diagnosis? Was there an at	utopsy? 210.
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	y ceo	ssey	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:	- or m
16. BIRTHPLACE (city or town)	tree	and	Accident, suicide, or homicide? Date of injury	, 19
13 - 18	Pak	0.0	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA)
17. INFORMANT STATILLY CO. (Address)	: 16ap	way -	Specify whether injury occurred in INDOSTRY, III HOWE, OF IN PUBLIC PEA	UE.
18. BURIAL, CREMATION, OR REMOVAL	, 0	T 119.	Manner of injury	
Place Ammondal Mis	Dete Sep	level 4, 193 5	Nature of injury.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
19. UNDERTAKER 40 / (Address)	aser	<i>-</i> 0	24. Was disease or injury in any way related to occupation of deceased?)
20. FILED Seft 18 -, 19.3.5	Johns	Smilte Registrar.	(Signed) B Wante Cu (Address) Bull	M. D
If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 207 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HIDEAII V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	ISICIA	L
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STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	/ LA pa
1. PLACE OF BEATH			U:0
County June Georg	e	Registration Dist. No. 2	76
Village or City Take my Pair	R.	No 309 oflax ar st.	
	/ (1	f death occurred in a hospital of institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurred	yrs. emo	ds. How long in U. S. it of foreign birth?yrsm	osds.
2. FULL NAME Margare	1, e. a	Jennel Willer	
(a) Residence: No. 309 170/1	lar as	CSt., Ward.	
PERSONAL AND STATISTICAL PA	place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	MARRIED, WIDOWED.	21. DATE OF DEATH	
Frenche 4 Leto OR DIVE	RCED (write the word)	Del Tember 7	1025
5a. If married, widowed, or divorced	cicu 1	(Month) (Day)	(Year)
HUSBANO of e Core Diules Diules	O. Gilo	22. I HEREBY CERTIFY, That I attended	decaased from
	1000	guly 1933 to Sept 7	19.3.5.
7. AGE Years Months 17 Days	1885		; death is sald
7. AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at a	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, News	4	Cur, myscaraux	1933
9. Industry or business in which	per \.	Commence from the	19.3.3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (work) and		consuce my, rugumens	4.3.3
I - I ms occupation (month and	otel time (years) spant in this		
year)	occupation	Other Contributory Causes of importance:	~~~~~~
12. BIRTHPLACE (city or town) Ousham			
(State or country) M. Car			
13. NAME - John Brown 14. BIRTHPLACE (city or town)	n		
14. BIRTHPLACE (city or town)		Name of operation	***************
211 001	7	What test confirmed diagnosis?	u'opsy?
±	ey	23. If death was due to external causes (VIOLENCE) filt in also the following	
S 16. BIRTHPLACE (city or town) (State or country)	/	Accident, suicide, or homicide? Date of injury	, 19
7.1.1.1000	7/1/	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / LARLES / C. OC. (Address) 7 0 0	egypard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL		Manage of injury	
Place Vush D: C Date	157 7 ,1935	Manner of injury	
19. UNDERTAKER W. M. Chambers			
(Address) 1400 chapies, of	V115.	24. Was disease or injury in any way related to occupation of deceased?	ur-
20. FILED Sept 7 1927 Jours 18	sh. 8.0	(Signed) Therame Coto	и с
20. 1120	Registrar.	(Address) 639 East Capita	-68+D
If more blanks are need	ed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7.41.40

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	J 57 8 111	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1997	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--

7

PLACE OF DEATH County Prince George	STATE OF MARYLAND GOVERNMENT OF DEATH
	Registration Dist. No. 2138
Village or City Friendly M-S (No. 2FULL NAME Fannie Cadel	St.: Ward) (If death occurred in a hospital or institution, give its NAME listead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept (Youth) 2 (Day) (Year) 3.
7 AGE Without (Month) (Day) (Year) (Syrs. mos. ds. or min.)	that I last saw h last alive on Leph The last saw h last saw he date stated above, at 1925. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Frade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs mos ? do.
9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER Gibson Cadel 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed) (Duration) yrs (Minos As (Signed) (Address) Of on Hill Mark (Signed) (Address) Of on Hill Mark (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER WWKNOWW 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Frances & Phelps (Address) 13/8 Kunner Street NW DC	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File Seft 2 1935 Dey & Sugar Registrar	20 UNDERTAKER ADDRESS Hog-84 St. St., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimental laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation, state occupation at beginning of illness. If retired fromgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Str: ement of Cause of Death—Name, first, the pisser. Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

gachbolic acid-probably smicide. The nature of the injury, "telmins) may be stated under the head of "contributory." aprident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injung State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory Nomenclature Always qualify all heart disease;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
- County Prince glorges	Registration Dist. No. 2) 45
Village or City Au attaulle	No. 20 Crow ave, St. 3rd Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s/9ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Martha Ulwe 6 ass	dy If U.S. Veteran specify WAR.
(a) Residence: No. 30 Covon ave.	st, 3rd Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ford) OR DIVORCED (write the ford)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of William M. Cassidy	22. I HEREBY CERTIFY, Thet I attended deceased from
Que 12 1850	100 10 00 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, end year) Warms Jeys If LESS than	I last saw have alive on
7. AGE 16415 MONTHS O Beys 11 LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Howeville SAWYER, BOOKKEEPER, etc.	Selve Comment (300) 1930
kind of work done, as SPINNER, However SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (months and second in this companion (months and second in this second in t	
10. Date deceased last worked at this occupation (month and year)	
Qualita Quidiana	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
al Di	
13. NAME (Jeryanin) lummer	
14. BIRTHPLACE (city or lown) Unfarour	Neme of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Darvara Sella	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Barbaya Sello 16. BIRTHPLACE (city or town) Indiana (State or country)	Accident, suicide, or homicide?
(State of County)	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Family (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Md Sept 20,35	Manner of injury
19. UNDERTAKER & Sasahis Sono (Addjess) Hyato ville mal-	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Dept, 2013 5 Mrs. Jos. Seven	(Signed) M. D. (Address) Address
If more blanks are needed, address rate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

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France - State - Example - L - set of requirement of the state of the	-3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RIDEAU V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Vo. 1.

V. S. No. 1

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BINDING

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 4 1955			
Other contributory causes of importance:	5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1925	Gastroenteritis	1 year

AD	DITIONAL SPACE FOR F	URTHER STATEMENTS	S BY PHYSICIAN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No.

PLACE OF DEATH	STATE OF MARTLAND
County Pr. Jeorges	© CERTIFICATE OF DEATH
County	434
	Registration Dist. No.
was a leguard	
Village or City (No	St; Ward) (If death occurred in a hospital or institu-
200. 10	tion, give its NAME in-
2 FULL NAME Pary Maria	L Cart number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, 4	16 DATE OF DEATH
AARRIED, WIDOWED WIDOW	Seft 9 1134-
OR DIVORCED	(Mouth) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the dacased from
6 DATE OF BIRTH	July 1 1925 to Feb 9 1985
alv 4 agg	Fan 8 30
(Month) (Day) (Year)	that I last saw here alive on
N ACIN	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH of was as follows:
6.7yrs. 5 mos. 2 dayhrs.	
8 OCCUPATION	Constant Branch
(a) Trade, profession or	Sacre of Brease
particular kind of work	4-0-10-10-10-10-10-10-10-10-10-10-10-10-1
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)
9 BIRTHPLACE 22 0 00	Contributory Secondary
(State or country)	
10 NAME OF	(Duration)yrs
FATHER Thadeus B mc Free	(Signed) Cary C. Chappelle M. D.
10	Jest 9 1935 (Address) Hougher well he
F II BIRTHPLACE Coulcile	*State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
2 12 MAIDEN NAME OF MOTHER &	
a moreuse tobright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Hark Da.	of death yrs mosda, State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
a. Amalla Cha dalla	Former or
(Informant) Water Law Lawrence	usual residence
(Address) aguação ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
To Charless	Therewood lemelan Jeff 12 1935
Sept (2) at the state of	20 UNDERTAKER / ADDRESS
Filed WWW. 1988 offine Registrar	14 0 C 2 P M
/ Registrar	2 Jawa Jons 1/rack 00

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Iaborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (reployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing peath Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Gook to report specifically the occupations of persons euwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; as probably such. If impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "Puerpenal septicaemia." "Puerpenal peritonitis," ote diseases resulting from childbirth or miscarriage as rhage." "Inauition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Measles (disease (uame origin; "Cancer" is less definite; avoid inges. peritonacum, etc., Carcinoma, Sarcoma, etc., ot ghences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemor causing death), 29 ds.; Bronchopneumonia use of "Tumor" for mallgnant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid—probably suicide. The uavulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; head of "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are weeded, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, daress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. 1

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis G. A O VA H La	1 year
	19 19	
	CC67 76	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. Novil.

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DEATH

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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) S How long In U.S. if of foreign birth? ______ yrs-____ mos.____ ds. Langth of residence in city of where death occurred 2. FULL NAME PHYSI (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH DIVORCED (write the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF RIRTH (month, day, and year) 7. AGE Months Days If LESS than to heve occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onsat 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER. RESERVED SAWYER, BDDKKEEPER, atc... may 9. Industry or business in which back work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation instructions Dther Contributory Causes of Importance ARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation plain (State or country) efully What test confirmed diagnosis? ---- Was there an autopsy? 27 MOTHER 15. MAIDEN NAME mportant ii. 23. If death was dua to external causes (VIDLENCE) fill In also tha following: Accident, suicide, or homicide? ______ Date of Injury ______, 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?__ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) OF 18. BURIAL CREMATION, OR REMOVA Manner of injury CAUSE Nature of Injury. LION 24. Was disease or injury in env way related to occupation of deceased? 19 UNDERTAKE If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	and the same of th	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
E CONTRACTOR DE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	n	In	X	
X	Supple			

PHYSICIANS should state Exact statement of OCCUPA-AORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAKLY,

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		46-2)	
County June Lina		Registration Dist. No. 2	HS
Village or City Loyallowelled	md	No. Sacred Heart Struce St.,	Ward
	U	death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where death	occurred yrs/ mos	ds. How long in U.S. if of foreign birth?yrs	MOS US.
2. FULL NAME IFM W	1. Thum		
(a) Residence: No. Baltu	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
m white	OR DIVORCED (write the word)	Nept!	. 193
5a. If married, widowed, or divorced	married	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	ry Flum	22. I HEREBY CERTIFY That I atten	ded deceased from
		Le 12 , 193 4, to Weft.	19.3.6
6. DATE OF BIRTH (month, day, and year)	7.19,1860	I last saw h MM alive on My 300 a	کرک; death is said
7. AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated above at	
14 19	// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Inverse as follows:	Date of onget
8. Trade, profession, or particular kind of work done, as SPINNER,	Sodrables	Jacker malin same	1934
SAWYER, BOOKKEEPER, etc.	in funcci	- porarry Carcinoma J strugelle	
work was done, as SILK MILL, SAW MILL, BANK, etc	/		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of Importance;	
12. BIRTHPLACE (city or town) Jerma	uf.	artery scheroses	1930
(State or country)	1/1		
13. NAME The M	Hum		
14. BIRTHPLACT (city or town) - Sersar	and	Name of operation Date	of
(State of country)	/	What test confirmed diagnosis? Was there	an autopsy?_Ms.
15. MAIDEN NAME Martina 6	Besser	23. If death was due to external causes (VIOLENCE) fill In also the folio	wing:
16. BIRTHPLACE (city or town)	case	Accident, suicide, or homicide? Date of injury	, 19
State or country)		Where did injury occur? (Specify city or town, county and	State
17. INFORMANT . Claster Bluepenny		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
(Address) Alucked / K	earl Mine		
18. BURIAL CHEMATION OF REMOVE	Data Sept 3 2 19 30	Manner of injury	
Place Of OF S	0	Nature of injury	
19. UNDERTAKER Herry Houck	ano, se	24. Was disease or injury in any way related to opcupation of deceased	?
(Address) / 3 0 / L Bayer	30 Balter Mal	If so, specify The Shall	and a
20. FILED Dett. 1, 19.359 Mg	Jas Dever	(Signed)	M.D.
70	Registrar.	(Address)	- Vig Z N
If more bland	ks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 4 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

stated EXACTLY. PHYSICIANS

AGE should be

of OCCUPA-

Exact statement

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAINLY,

1. PLACE OF DEATH		23	
County Truice Jean	Zes	Registration Dist. No.	12
Village or City I by attant		No weknot Santarum St.	Ward
Length of residence in city or town where de 2. FULL NAME (a) Residence: No.	leath occurred yrs. 3. m 2		osds
PERSONAL AND STATIST		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX A. COLOR OR RACE block	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeph 14	, 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. J. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)		I last saw home alive on Lept 13 1935	.; death is said
7. AGE 13 Years Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, at 140 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
Z Trade, profession, or particular	5		Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Natoner	Chron, active, belotered	2400
10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	}	Calmonory hemans	3 mo
13. NAME	The stand	- January	3 ,,2
13. NAME 14. BIRTHPLACE (city or town) (State or country)	$^{N}\sqrt{\omega}$,	Name of operation Date of Was there an a	au!opsy?
15. MAIDEN NAME	my Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	1 va	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT (Address) LO 17	int. nw. A.b	(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, AR REMOVAL	Sh. Sept. 14,193	Manner of injury	
19. UNDERTAKER (Address) 437	and the min	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Sept. 14, 1935 Fr	no for Seven	(Address) 1809-Kanyon pt	2000 M. E
If more	blanks are seeded, difress State Registre	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Track -	oc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis. Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10039
1. PLACE OF DEATH	(2)
County Prince Levis &	Registration Dist. No. 737
Village or City dame (If	NO
Length of residence in city or town where death occurred &mos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Levige W. elelas	~·····
(a) Residence: No. 9th St 602 Laull mod	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3
male Colored Widowerd	(Month) (Dey) (Year)
HUSBAND of	22. HEREBY CERTIFY, Thet Jettended decessed from
(or) WIFE of	Sys 29 130 10 July 30 1538
5. DATE OF BIRTH (month, dey, end year) Lug 17.18 79	I last saw h elive on Sys 30 ,193 3 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et
56 54 2 min 13 d or min,	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
Trede profession or perticular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Gyerplany - 129/s.
9. Industry or business in which work wes done, es SILK MILL, Salw MILL, BANK, etc	Chille Haldand
SAW MILL, BANK, etc	
this occupation (month and 9 201736 - spent in this occupation 40 400	
81	Other Contributory Canaes of importance:
(State or country)	artun Islewie Chime
1 13. NAME Richard elilar	authan
P. I. A. D.	Name of operation Date of
(State or country) (State or country) (State or country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Mare Gratherna)	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mean Bonnel.	Accident, suicide, or homicide? Date of injury 19
(State or country) Prince & Levra & Country	Where did injury occur?
17. INFORMANT The Gilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 9th at Lawel Once	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Bason Chapes Dete Olt 9 , 19.86	Neture of injury
19. UNDERTAKER Ridgly Selly	24. Wes diseese or injury In eny way related to occupetion of deceased?
(Address) 401 Wash are Laurely mak	If so, specify
Jaka 35 m Brankers	(Signed) 7 /3 / M. D.

(Address) ...

Leal Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Co. A.	DATE		
Other contributory causes of importance:	EL 200	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, =	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.	S PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	1009
	County Prince		20.	-	- (Hid)	2110
	Village or City R				Registration Dist. No	
				L yrs 3 mos	No. Wells Ave & Edmonston F f death occurred in a horpital or institution, give its NAME instead of str s ds. How long in U.S. If of foreign birth?	(a., reet and number)
2.	(a) Residence: No.			nondston	Rd 9t., Ward.	own and State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	
	emale Whi	ite	5. SINGLE, MARI OR DIVORCEI Wid C	RIED, WIDOWED, O (write the word) OWOO	21. DATE OF DEATH (ST. (Day)	, 193_1
5a. I	f married, widowed, or divo HUSBAND of (or) WIFE of Phil	ced Llip Gri	11		22. HEREBY CERTIFY, That I a	
	ATE OF BIRTH (month, day	, end year) OC	t. 7th	1868	I last saw h elive on Rept 1 5-	19.35 death
7. AC	GE Years 66	Months 11	Days 8	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	1
CCUPATION	8. Trede, profession, or pe kind of work done, a SAWYER, BOOKKEE 9. Industry or business in	es SPINNER, PER, etc			Carcimona of Rections.	Date of
d .	work was done, as S SAW MILL, BANK, e	IIK MIII			bleshelts:	193
00	10. Dete deceesed lest work this occupation (mon year)	ked et	11. Total til	me (years) t in this patlon		
12. B	SIRTHPLACE (city or town)_ (State or country)	Baltimo	re,Mary	land	Other Contributory Causes of Importance: Muyo causities acuto.	Jus
ER	13. NAME Noble	G Watki	ns			
-	14. BIRTHPLACE (city or tov (State or country)			ryland	Name of operation Dz	ate of
TER I	15. MAIDEN NAME Ad	eline C	Logan		23. If deeth was due to external ceuses (VIOL ENCE) fill in also the fi	
15. MAIDEN NAME Adeline C Logan 16. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)				ryland	Accident, suicide, or homicide? Dete of injury_	
17. INFORMANT Phillip Shill (Address) wells are admondator Rd				Walm Rd	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) LIC PLACE.
18. B	urial, cremation, or re	EMOVAL A	-mic		Manner of injury	
19. U	NDERTAKER John (Address) 1318	Light S	& Sons	·Md ·	24. Was disease or injury In any way releted to occupation of deceas	ed?
20 51	UED DONT III.	35 ma	1 2 as V 0	No)	(Signed) March Glane	

If more blanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

... Was there an autopsy?.....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	T LIBER	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			THE RESERVE	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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----- Was there an autopsy?_ 23. If deeth was due to external causes (VIOL ENCE) fill In also the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY HOME, or In PUBLIC PLACE.

(Dey)

(Year)

death Is said

Date of enset

If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

24. Was disease or injury In any way releted to occupation of deceased?

(Signed) (Address)

(Address)

16. BIRTHPLACE (city or town) _____ (State or country)

17. INFORMANT

19. UNDERTAKER

(Address)

very

LION

OF

mation

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balilmore, Requesting U. S. No. 1.

Manner of Injury

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND—C	CERTIFICATE OF DEATH 10092
1. PLACE OF DEATH	93-2
County Frince Grounge C	Registration Dist. No. 2045
Village or City Rear Dy got will	death occurred in a horpital or institution, tive its NAME interest and number)
Length of residence in city or town where death occupyedyrs,	1./
2. FULL NAME Clinebeth Her	ing.
(a) Residence: No. 327 Madison	St. Mare M
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWEO, OR PHOTOCOCK OF THE WORLD The second of the world of t	21. DATE OF DEATH (Month) Z8 (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1935, to July 28 1935
6. DATE OF BIRTH (month, day, and year) March -16-184	Plast saw h W alive on 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
87 6 12 1 day,hrs. ornsin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular	1 0
kind of work done, as SPINNER Con Jealing as	Cerebral Embolus. Sus 20.
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
Kusel Christ	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	The state of the s
13. NAME Galet Waldledger	Ulteres Leberosis ?
13. NAME 14. BIRTHPLACE (city or town) 4 MANUAL CONTROL OF THE	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clescant Was there an autopsy?
15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Carl OGering.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 327 mades gu X 720	
18. BURIAL, CREMATION, OR REMOVAL + 19.6 9 1	Manner of injury
Place Washington Oate Sun 289 33	Nature of injury
19. UNDERTAKER of General Sourter	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wash Roll	rso, specify
20. FILEO Sept. 28, 1935 Mrs. Jas. Dere	(Signed) M. D. M. D.
Registrar.	(Address) ff Alf Mall Male
11 more planks are necord repartess State Kegistrar.	2411 IV. (paties street, Daitimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	. 1915	Attack of epilepsy	1 week ago
Corchael howembase	1921	Run over by street car	1 week ago
Cerebral hemorrhage PHEFAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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FOR BINDING

MARGIN RESERVED

PHYSICIANS should state Exact statement of OCCUPA-TACARD. Every item of information should be earefully supplied. AGE should be stated EXACTLN. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

STATE OF	MARYLAND—CERTIFICATE	OF DEAT
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1. PLACE OF DEATH	(1710)
County PRINCE GEORGE	Registration Dist. No. 2488
Village or City HVA 775V(LLE	NoSt.,Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME HARRY E. HUISON	If U.S. Yeteran specify WAR.
(a) Residence: No. 7513LEY - AV. (Usual place of abode)	E St., Ward. MYATTSVILLE If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE 4. COLOR OR RACE OR DIVORCED (write the word) 8 IN GLE	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) SEPY-17-1907	i last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
27 // 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, 2 A B OR OR. SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this occupation (mpnth and year)	Fractive of strill: Homi- eidal center. Should fractive due to inspect caused by bring, stonak by a chile held by another person. Other Contributory Causes of importance:
(State or country) MICH:	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME MIMA FULLER. 16. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? The state of injury occur? As a transfer of the state of the
17. INFORMANT Storge E. Hudson + atter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR GENOVAL Place The Succolum Date Sept. 19.35	Manner of injury Sea Charac & Skewill Nature of injury Sea Charac & Skewill
19. UNDERTAKER 4. Sascher Some (Address) Alleathrille m. 8	24. Was disease or injury in any way related to occupation of decaysed?
20. FILED Deht. 1619 35 Mrs. Jas. Severe	(Signed) Jehn D. Maloney M. D.

If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OST 7 1995				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1 N. B.—

Langth of residence in city or town where death occurred 3 yrs mos. 2. FULL NAME (a) Residence: No. Author Author	STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 10034
Village or City. Length of residence in city or town where death occurred 3 yrs. Length of residence in city or town where death occurred 3 yrs. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. How long in U. S. If of foreign birth? Ys. mos. MS. Line and the state of the word of the wo	County Prince George	Registration Diet No.
2. FULL NAME (a) Residence: No. Lawrence (b) Residence: No. Lawrence (c) Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Centric the word	7	No. St. Ward
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR, DIVORCED Countric the word) The state of the st	Length of residence In city or town where death occurredyrs	mosds. How long In U. S. if of foreign birth?yrsmosds
Continued Cont	2. FULL NAME Manchy & Jets	
21. DATE OF DEATH S. SIM LE ALLY COLOR OR RACE OR DIVORCED Consist the world THE PRINCIPAL CAUSE OF DEATH OTHER BY CERTIFY, That I attended deceased of the world of this country of the sound of the world of the world of this country of the sound of the sound of the world of this country of the sound		
### SAME Country Description (Country) #### SAME Country ###################################	PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) June 16. 1895 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPEPR, etc. Att. 10. Date of west of one, as SPINNER, SAWER, BOOKEPEPR, etc. Att. 10. Date decessed last worked of this occupation (month end year) 12. BIRTHPLACE (city or town). Manual for occupation (State or country) 13. NAME Atts. 14. BIRTHPLACE (city or town). Was there en autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town). Was there en autopsy? 17. INFORMANT Adult Atts. 18. BURIAL CREMATION, OR REMOVAL Place Address) 18. BURIAL CREMATION, OR REMOVAL Place Address) 19. UNDERTAKER. Address 19. January 19.3. 10. Say 17. 19.3. 19.3. 19.	5a. If married, widowed, or divorced HUSBAND of	
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TAGE Years Months Oays IT LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) June 16. 1895	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAM MILL, BARK, etc. 10. Date deceased last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL GEMATION, OR REMOVAL Place Allerand 19. UNDERTAKER Atthus 19. UNDERTAKER Atthus 19. Oate 19. Oate 19. Other Contributory Causes of importance: 11. Total time (years) spent in this occupation Other Contributory Causes of importance: 11. Total time (years) spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en au'opsy? Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury Nature of Injury Nature of Injury Nature of Injury 19. UNDERTAKER Atthus Date 11. Total time (years) spent in this occupation Other Contributory Causes of importance: What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury Nature of Injury 19. UNDERTAKER Atthus Oate 19. 3. August of Injury in any way related to occupation of deceased? If so, specify (Signed)		SS than to have occurred on the date steted above, at
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20 FUED Jepus 0 1937/1 (Just true The (Signed) annes of Jones 1		
Registrat. (Address) - And shall had	20. FILED Sepuso, 1937/1 Chistory	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 2 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 4		

If more blanks are needed, address Sine Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FUR	IER STATEMENTS BY PHYSICIAN
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OCT 5 1935			14
Other contributory causes of importance?		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN mation should be carefully supplied. AGE should be stated EXAC CAUSE OF DEATH in plain terms, so that it may be properly classifications.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	197
1. PLACE OF DEATH	82-0	
County Truce Georges.	Registration Dist. No. 2, H	5
Village or City Hyattsville md	No. 26 y allassia my St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where death occurredyrs2mos		sds.
2. FULL NAME Stockton Joney.		
(a) Residence: No. Linden and	St., Ward,	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Sept 23 (Month) (Day)	193 (Year)
HUSBAND OF Chartha Laylor Jones	22. July 12 1935 to Jept 23	eceased from
6. DATE OF BIRTH (month, day, and year) Selat 31, 1868	Hast saw him alive on Jept 22 1935	; death is said
7. AGE 67 Years Months Days If LESS than	to have occurred on the date stated above, at 5. 45. 4m.	
/ // 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0.1.1.1
8. Trade, profession, or perticular kind of work done, as SPINNER, Leneologish SAWYER, BOOKKEEPER, etc.		Oate of onset
SAWYER, BOOKKEEPER, etc.	Gersbush & Kemmonhoge	4-mo
work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate decessed last worked at this occupation (month and year) year) Occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Charling of Musella Coto O +1.	
W 13. NAME La MALL J. Frances	and barablesis	Zwic
	2-	4 mo
[State or country]	Name or operation Date of	
15. MAIDEN NAME Odelale Galaine	What test confirmed diagnosis? Was there an au	
H O	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oete of injury Where did injury occur?	, 19
17. INFORMANT Mrs Martha Laylor Jones wife (Address) Linder, Dud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Stilver Spring Date 7 - 23 ,1930	Nature of injury	
19. UNDERTAKER Hagner & Orumphing (Address) Silver & Dring Vand	24. Was disease or injury in eny way related to occupetion of deceased?	
20. FILEO Del 123, 1935 Mis Age Registrar.	(Signed) Maynard & Simmons (Address) 1809-11enyon St	М. D.
If more blanks are needed, addless State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. The Main	1- NY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 7 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.			•	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed andress State Registrar, 2411 N. Charles Street, Balaytore, Requesting U. S. No. 1.

_ Was there an autopsy?____

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Example I	i l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 7 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BAIRFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Constitution of the Consti				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County Price Genges	Registration Dist. No. 2 30
Village or City Borusyu, Wd (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 25 yrsmos.	ds. How long in U.S.If of foreign birth?yrsmos,ds.
2. FULL NAME Eliza Bates Weine	A If U.S. Veteran specify WAR
(a) Residence: No. Berugal Mid	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Security (Day) 7 , 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFX. Time! I ettended deceased from
(or) WIFE of Menos	1935 to September 17, 1935
6. DATE OF BIRTH (month, day, and year) A away 5,1876	Hast saw h alive on Sur Luur La 17951; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.25 P.m.
59 8 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Parchiana 4 Allers Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	malwif marshuder 0 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at 11. Total time (years)	lissues
SAW MILL, BANK, etc	
this occupation (nonth and year) spent in this 34	
12. BIRTHPLACE (city or town) Ballining WC	Other Contributory Causes of importance:
(State or country)	
II 13. NAME J. E. Bankhaye	
13. NAME J. F. Saukhare 14. BIRTHPLACE (city or town) 1 lunaury	Name of operation survey of affect of the of May 1935
(State or country)	What test confirmed diagnosis? Lalvaley Was there an autopsy 200
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (effy or town)	Accident, suicide, or homicide?Date of Injury, 19
∑ (State or gountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMMINICATION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington Do Date Dipt 19-, 1935	Nature of injury
19. UNDERTAKER 7. Das chie sure! (Address) / Ly attantle mid	24. Was disease or injury in any way related to occupation of deceased? W
20. FILED Cept - 18-, 19 & A John & Smith Registrar.	(Signed) M. C. C. M. D. M. D. (Address) M. D.
If more blanks are needed address State Registrar	2411 N. Charles Street Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ole I		Example II		
nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:		
1101			1 week ago	
W THE STATE OF THE	S 1921	Run over by street car	1 week ago	
BUKENO .	July 5, 1927	Peritonitis	3 days ago	
mportance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	nd related causes OCT 5 1935	nd related causes Date of paset OCT 5 1935 1916 S 1921 July 5, 1927 mportance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	N
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-6)
County June Leage	Registration Dist. No. 245
Village or City by altrigle	No. Vared Kart Hung St., Ward death occurred in a hospital or institution, five its NAME instead of street and number)
Langth of residence in city or town whara daath occurred yrs. 3 mos	
2. FULL NAME George Krely	0 00 21
(a) Residence: No. Sache of Heart Home (Usual place of abode)	St., Ward. If nonresident giversity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
	aug 17 1934 to MAT 6 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw N-fusion alive on
7 / 4 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Intestinal Obstructure 9/4/3:
SAWYER, BDOKKEEPER, etc	Sarbable Curessana Signary
work was done, as SILK MILL, SAW MILL, BANK, etc	<i>Q</i>
10. Date decaased last worked at this occupation (month and 1932 spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Ballesuse Und (State or country)	Dther Contributory Causes of Importanca: Letteris subsenses 193
13. NAME Johan B Krets	_
14. BIRTHPLACE (city of town) (Stata or country)	Name of operation
- Jenrango	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Arole Suferyor (Address) Vacced (Kart Hurs)	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Baltiguore med Date Sept. 9, 1935	Nature of Injury
19. UNDERTAKEN Mancis Jackjus (Address) 3619-14th St. Jun Wash	25. Was disease or Injury in any way related to occupation of deceased?
20. FILED Sept. 8, 1935 My Jao Registrar.	(Signed) (Signed) (Address) A gave Well Marke St
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A Care Contract Contr	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	S on street Kath	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OF 7 1935	July 5,1927	Peritonitis .	3 days ago	
MI WILL	PPAU V.S.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				Die State	

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

 1	UI	01

1. PLACE OF DEATH	107-0
County Prince Teorge	Registration Dist. No. 2 H.S
Village or City Brentwood	No. 204 June St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ON elem anders	
(a) Residence: No. 20 4 (Usual place of abode)	Marchagoo Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
OF DIVORCED (write the word	Seplembes 16 193 5
5a. If married, widowed, or divorces	(Màdth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
Id auth and	917 1935, 10 9/16 1935
6. DATE OF BIRTH (month, day, end yeer) self 25 1932	I last saw h D alive on 19.35; death is said
7. AGE Years Months Days If LESS tha	
107-1-11111.	were as follows: Oate of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Whitestra - seales
9. Industry or business in which	tills.
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month end spent in this -	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Jalliculas Journelets
(State or country)	
13. NAME My Zanders	
14. BIRTHPLACE (city of town) (State or country)	Name of operation Oate of Oate of
al CHI D Pa	What test confirmed diagnosis?
15. MAIDEN NAME Collect Pallerson	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
GT+ O of	Where did injury occur? (Specify city or town, county and State)
1) INFORMANT CHIEL Quiders 2 94 d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place WASHINGTON DC Date Reful 193	Li Company
Ot. Daroln A	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CANDENS CANDENS (Address)	If so, specify
late 18 35 Mar least and	(Signed) folely Mitchell M. A.
1 20. FILED - 1-20. 1 1 1 1 2 2 2 1 1 1 1 2 2 2 2 2 2 2 2	Like Ter Till 1810-11

If more blanks are moded, addess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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uses Date of onset
1 week ag
1 week ag
3 days age
1 year
_

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20

PHYSICIANS should state

stated ENACTLY. properly classified. Ex

AGE should be

be

TION is very important. See instructions on back of certificate.

DEATH in plain terms, so that it may

mation show CAUSE OF

duld be carefully supplied.

Exact statement of OCCUPA-

20

STATE OF MARYLA	ND—CERTIFICATE OF DEATH 10102
(D) ()	(131)
County True Trong	Registration Dist. No. 238
Village or City Dillage At All	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4.3_yrs	ds. How long in U.S. it of foreign birth? yrsmos d
2. FULL NAME Elina, Rebecca	Latine
(a) Residence: No. Silver Hill	St Ward.
(Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the	DOWED, 121. DATE OF DEATH
semale White Widowe	(Month) (Oay) (Year)
5a. If married, widowed, or divorced hife of the late	22. I HEREBY CERTIFY That I attended deceased fro
(or) WIFE of John W. Latiney	22. I HEREBY CERTIFY That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Tun. 14. 186	3 I last saw h. A alive on Sett of 19 3J death is sai
	ESS than to have occurred on the date stated above, at 6130 P. m.
72 77 27 1day.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Cardiaraseular Date of onse
kind of work done, as SPINNER, Housewife	- reval disease
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) year)	7
200 8 4 1	Other Contributory Canses of Importance;
12. BIRTHPLACE (city or town).	Inter Craynal Thinks
13, NAME Hilliam Richarles	en.
E	
14. BIRTHPLACE (city or town). (State or country)	Name of operation
E 15. MAIDEN NAME & Watan	What test confirmed diagnosis?
15. MAIDEN NAME & Watson 16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide?Date of Injury
(State or country)	Where did Injury occur?
17. INFORMANT dime A. Katine	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Of The All Mix Date 14 133.	, 19 Nature of injury
19 UNDERTAKER Thomas & muray T	24. Was disease er injury in any way related to occupation of deceased?
(Address) ayacostul DI	6, If so, specify
20 FILED Refor B 13V Steer Stower	and (Signed) Of Sound M.
Lo, I I La Company	Children In a total 1 10 Cal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 1935	July 5,1927	Peritonitis	3 days ago
LEURDAU V. S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS'	BY	PHYSICIAN
------------	-------	-----	----------------	-------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

County france Lear	-1-1		
Near 1	7	Registration Dist. No.	H.5
Village or City Oyallan	lle ond	No. Instituted Daniel and St., f death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residence in city or town where death occur	rred yrs 3 mos	s2_ds. How long in U. S. if of foreign birth?rsr	mosd
2. FULL NAME 6 lever Mo	Teley		
(a) Residence: No. Multing (Un	alplace of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
of ORD	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH Jeff 2/	, 193 (Year)
5a. II married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended	
(or) WIFE of		June 20, 1935, 10 Jept 2	0 ,1930
6. DATE OF BIRTH (month, day, and year) June &	185-1	I last saw her alive on Jept 19 , 193	; death is sa
-	eys If LESS than I day,hrs.	to have occurred on the date stated above, at	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of once
8. Trade, profession, or perticular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	e wife	Carrend of breach	2 9v
M. Industry or business In which	4		
	. Total time (years) spant in this	-	
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) // Contagonal	hill come	,	
13. NAME Unknown	1		
14. BIRTHPLACE (city or town) Managar	un Co	Name of operation 20012 Date of	
(State or country)	10	What test confirmed diegnosis? Was there an	autopsy?
15. MAIDEN NAME Linkmow	n	23. If death was due to external causes (VIOLENCE) fill in also the following	ig:
16. BIRTHPLACE (city or town) Moringory (State or country)	Ly co	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Carrice Buth (Address) that while, but. 18. BURIAL, CREMATION, OB REMOVAL Place Archielle bud Date Safet 24, 1957		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANTS.	ate) LACE.
		Manner of injury	
19. UNDERTAKER W Repber P. (Address) Repber P.	unghhung	24. Was disease or injury In any wey related to occupation of deceased?	
20. FILEDED UT 21", 1935 Mrs.	ap Savera	(Signed) Rayward Johnman (Address) 1809 - Kerry	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ogo Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	rtificate.
E should be state	at it may be prop	statement of OCCUPATION is very important. See instructions on back of certificate.
ly supplied. ACI	ain terms so tha	. See instruction
ould be careful	OF DEATH in pi	s very important
information sh	I state CAUSE	OCCUPATION IS
Every item of	CIANS should	statement of
Z.	-	-

	10194
County ON TEAS	STATE OF MARYLAND
Course Pr. Bens (5)	
County	CERTIFICATE OF DEATH
0.10 11.70	Registration Dist. No. 35
Village or City / play / Hell (No	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Elyabeth - J. Mays	tlon, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	HPV 2/ 1985
6 DATE OF BIRTH	(Month) (Day) (Year)
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw her alive on Select 21- 1995
11 2000 6000	The state of the s
78 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	Nellan .
(a) Trade, profession or	
particular kind of work	
business, or eatablishment in The	(Duration) vrs. Z mos de.
which employed or (employer) NPWWWYL	1
9 BIRTHPLACE (State or country) 1 9 - 6 1	Contributory Secondary
Mr. Just () Mik	(Duration) Yrs mos ds.
10 NAME OF FATHER OF THE PROPERTY OF THE PROPE	(Signed) All Start of Joseph M. D.
C. M. Smiles	11614
OF FATHER	MADE LAND (Address) Command Will
Z (State or country) Sadue Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Asuaseo Mid	At place of deathyrsmosds. In the Stateyrsmosde,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
a 21 1 D	Former or
(Informant) M. J. C. Wullen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clysicalo Tud	Horse Head Med Sept 23,035
15 Filed Sept 22 Gos - Funny B. Contec	20 UN DERTAKER ADDRESS ADDRESS ALLES CONTROL
If more blanks are needed, address State Registrar	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at heginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooling Housemaid, etc. If the occupation has been changed. definite salary), may be entered as Housewife, Housewife work, or Al Home, and children, not gainfully on the salary of the sala er," etc., without more precise specification as Paylaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal." should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as Al school, or Al home. Care should be taken whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a For many occupations a single word or term on specifically the occupations of persons en Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," ctc. or as probably such, if impossible to determine definitely.

Lixamples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the partialic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. "Debility" ("Congenital," Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) atabus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ass important. Example: Measles (disease "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Letter. Dr. Brown, 11-1-25. Ry file

		4040
W sot	PLACE OF DEATH	STATE OF MARYLAND
W FE	County since Terro	CERTIFICATE OF DEATH
9	County William I	Registration Dist. No. 232
(C) 7:	Julie Marthet Mid	-
ORD ORD class	Village or City (Mo. Mo.	St.: Ward) (If death occurred in a hospital or institu-
SCORD EXACTL	2FULL NAME / Ser ney (m	tion, give its NAME instead of street and number.
400	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
state prope	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
D e e y	WIDOWED.	2011001990
RMA could may	Mule OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
D D D D D D D D D D D D D D D D D D D	// 1935 R , 1935	36
A A A A A A A A A A A A A A A A A A A	(Month) (Day) (Year) 7 AGE	that I last saw h alive on 1927
ш . " э	l dayhrs.	and that death occurred on the date stated above, at
ED CHIS	yrsds. ormin.?	() () () () () () () () () ()
> 7 200	a) Trade, profession or	Calley / 9 / lells
111	particular kind of work (b) General nature of industry	
RESE NG IN refully in pla	business, or establishment in which employed or (employer)	(Duration)yrsmosds.
N Car	9 BIRTHPLACE	Contributory Secondary
RGIN NFADIN 1 be can DEATH y impon	(State or country)	(Duration) yrs. L. mosds.
Z Z Z	10 NAME OF FATHER	(Signed) TI THAMALLANDER MYD.
M H U OF	11 BIRTHPLACE	976 192) 3 (Address) Uple 9 11 01 14-94
N Sho	OF FA (HER Z (State or country)	*State the Disease Causing Weath, or, in deaths from
ation second	12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER ASSELLATION	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
NLY inform state occupa	13 BIRTHPLACE OF MOTHER	At place In the of death yrs
200	(State or Country)	Where was disease contracted,
00	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
RITE item s sho	(Informant) Rall Cally	19 PLARE OF BURIAL OR REMOVALA PATE OF BURIAL
AAR	(Address) Whee Mar book Mil	Augus tu sell 1035
- 0 0 to	15 /-A = 25/10 - / At	20 DINDERTAKER DEPORTES
B	Filed Filed Registrar	(In est Owen apper wallow
> ×	If more blanks are needed, address State Registrar	, 16 W Saratoka St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screaut, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the loborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plonler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. Foreman, For many occupations a single word or term on Farm laborer, At (b) Cotton mill; (o) Salesman. (b) without more precise specification as Doy Compositor, Architect, Locomotive engineer, Home, and children, For persons who have no occupation 6 If the occupation has been changed Automobile factory. The Loborer--Coal mine, etc. not gainfully emmaterial Grocery; Wom-

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10196		
1. PLACE OF DEATH			
County Prince Leone	Registration Dist. No. 2045		
Village or City ostallserle and	No. Riggs Rd: Mother mas Pestward		
(If Length of residence on city or town where death occurredyrs2mos	death occurred in a horpital or institution, give its NAME instead of street and number in the How long in II. S. if of foreign high?		
NO P			
(a) Residence: No. Chest. Thell To.	If U.S. Veteran specify WAR.		
(a) Residence: No. Critic Steel Va. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) Male While Whichesel	21. DATE OF DEATH (Month) (Day) (Year)		
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Purey Payers	22. I PIEREBY CERTIFY. Thet I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 1841 not there	I last sew h Ma Jalive on Mept 1 8 , 1935; death is seld		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et		
94- 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:		
SAWYER, BDDKKEEPER, etc. + armeer	Property 1111/23		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Urisma:		
11. Total time (years) this occupation (month and year)			
20	Other Contributory Canses of importance:		
12. BIRTHPLACE (city or town) (State or country)	arterio Schenze in Manueles in 7		
13. NAME . MUSEucon	hushates clay 1 7		
13. NAME SUBSTITUTE 14. BIRTHPLACE (city or town)	Name of operation Date of		
(State of country)	What test confirmed diegnosis? Was there an eu!opsy?		
15. MAIDEN NAME & MILLERY	23. If death was due to external causes (VIDLENCE) fill In elso the following:		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) =	Accident, suicide, or homicide? Date of injury, 19		
State or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Julie M. Burgere (Address) Phyattaville 220	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OF REMOVAL Place Fally church 2/2 Date Sept 18/, 19.3.5	Manner of injury		
19. UNDERTAKER 4. Jaselo Jour	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Set 18, 1937, Mo. Jandaner	(Signed) Martin Heave M. D.		
blunuty Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCI 7 1933	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			182.14

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE O	F DEATH	ZI WIZAK		
County	Trince	your	921	Registration Dist. No. 231
Village or C	0, 1	t Caps	tol He	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resi	idanca In city or town whera	death occurrad	yrsmos	ds. How long in U.S. if of foraign birth?yrsmos
2. FULL NA	ME 19	by. 1	Pillor	
(a) Residen	00 -	1000	· Pal No.	able Ward.
(a) Residen	ice. No.	(Usual place	of abode)	If nonresident give city or town and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7m	4. COLOR OR RACE		RfED, WIDOWED, (write the word)	21. DATE OF DEATH 9 - 20 - 193 5 (Month) (Day) (Year)
5a. If marriad, widow	wed, or divorced	-	any	(menth) (Day) (taar)
5a. If marriad, widow HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from 9-20- 1935, to 9-20- 1936
6. DATE OF BIRTH	(month, day, and year)	7-20	-1935	I last saw h 2 2 alive on 9-20 19 35; death is si
7. AGE Yea		Days	If LESS than	to have occurred on the data stated above, at 1. 53. Pe.m.
			1 day, 1.2 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
R Trade profe	ession, or particular	1	1 01	wera as follows:
kind of	work done, as SPINNER, R, BDOKKEEPER, etc	inta	ret	de la la la de la de la
9. Industry or	husiness in which	7		Litting 820 th Daily 120
SAW MI	s dona, as SILK MILL, LL, BANK, atc			al last of the
Data deceas	sed last worked at upation (month end	spei	me (years) nt In this pation	furtion.
2000	ey to	011	11-04	Dthar Coutributory Causes of Importanca:
12. BfRTHPLACE (ci		re apr.	17/100:	
1 /	To Division 7	n . 10	.00	
13. NAME /C	econo 11	C	cour	
4 14. BIRTHPLACE	E (city or town)	ergen	Ma.	Name of operation Date of
(State of	r country)		000	What test confirmed diagnosis? Was there an aulopsy?
H 15. MAIDEN NA	AME Christi	ne 6.1	Jallaco	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE	E (city or town)	mesyl	varie	Accident, suicide, or homicide? Data of Injury, 19
∑ (Stata o	r country)		1- 4-7	Where did injury occur?
17. INFORMANT	mrs Chru	stine	Bellow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL CREMA	TION, OR REMOVAL CO	really 9	7-21 35	
fg. UNDERTAKER	mest. Ry	aw. J	we.	Nature of Injury 24. Was diseasa or injury In any way related to occupation of deceased? If so, specify
20, FILED 9/2	0 1938 Th	100 J 4	effeth Registrar.	(Signed) Tand & then Halla M (Address Beauman De HH)
	If more	blanks are needed.		2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
100	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

STATE	OF	MARYLAND-CERTIFICATE O	F DEA	TH
1. PLACE OF DEATH	4	93-8		

1. PLACE OF DEATH	93-6
County Prince Levrges	Registration Dist. No. 243
Village or City Bowie	No. St. Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Sarah Jane Property (a) Residence: No.	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced WSDAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	22. 1 HEREBY CERTIFY. That I attended deceased from 19.35, to any (2.19.35) last saw harmalive on any (2.19.35); death is said
7. AGE Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
No late, poession, or particular to the first poession or particular to the first poession or particular to the first poession or poess	ante Bronchitis J. 19.
12. BIRTHPLACE (city or town) Wordmann (State or country)	Other Contributory Canses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME 2004 brown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cara Maria Date Del 5 19 25	Manner of Injury
19. UNDERTAKER CLARENCE COPERACY (Address) 19. UNDERTAKER CLARENCE COPERACY (Address) 19. UNDERTAKER CLARENCE COPERACY (Address)	24. Was disease or injury In any way related to occupation of deceased? 24. If so, specify
20. FILED PAN EMES LAS Registrar.	(Address) Bomie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance. S. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AI	DITIONAL SPACE F	OR FURTHER STA	TEMENTS BY PH	YSICIAN

Z

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Prince George Bradbury Heights	Registration Dist. No. 733
Village or City (No. 4326-s 2FULL NAME Mary 6. 41	aba . (If death occurred in a hospital cr institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE 95 DEATH 27
Feb. 28th 1873.	Sept 29 19234 to Sept 27 192 35 that I last saw her alive on Sept 27 192 35
(Month) (Day) (Yea	han and that death occurred on the date stated above, at
a occupation (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 4 ds. Hypertension
9 BIRTHPLACE (State or country) Washington, D.6	Contributory Secondary (Duration) Contributory Several years years years
FATHER James Hess.	(Signed) M.D. 9/27/35 192 (Address) 2015 Nichols Ave. SE
OF FATHER (State or country) 12 MAIDEN NAME CY 14 77	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Clyabeth Smith 13 EIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. Stateyrsincsds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Info mant) Oscar li. Haba. (Address) Bonkvard Halits	de Cedar Hell Md 9/30, 1935
15 Filed 9/29/35 592 LO minear Registra	Thomas F-Munagr fon Works, DG
If more blanks are needed, address State Regin	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples : (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Nermant, Cook, 1 definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATHS Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager." "Deal-Physician, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully (b) Cotton mill; (a) specifically the occupations of persons en-Compositor, Architect, Stationary fireman, etc. But in many Salesman. Lacamoline engineer (b) also (b) the Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-FLASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "what pneumonia, Bronchopneumonia ("Pneumonia,")

> Gurdelic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease "(Inanition," "Marasmus," "Old Age," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarconaa, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) approved by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or misearriage as ean he ascertained as the cause. Always qualify all atic), "Atrophy." "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. Whooping cough; Examples: Accidental drowning; Struck by railway train -Recommendations on statement of eause of death Cracture of skull, and consequences (e. g., sepses) may be stated under the head of "contributory." dent; Revolver wound of head-homicide; Poisoned by Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Committee on Nomenclature of the "Heart failure," "Haemorrhage, Chronicete. The contributory valvular heart discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	# T	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselcrosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			J

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 5 1935	July 5, 1927	Peritonitis	3 days ago	
	BURBAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
]			

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1 m ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(J3)
county Truce Georges	Registration Dist. No. 232
Village or City Queen and	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
0 110)
2. FULL NAME YEARS	der
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(OF) HIFE OF 7 = h 6, 1890	
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & m.
1 day,hrs	mare as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and second	Cardio vascular rena disconst
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Cames of importance:
(State or country)	acute Pulmonon Ederine
II 13. NAME George 8. Rogers	
14. BIRTHPLACE (cixor town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? en la pay Was there an autopsy? 12
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMACIÓN POLICE SANTON (Address) / 2 / 3 - //	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alumn Strill Mate Slept 21=, 19 2	Nature of injury
19. UNDERTAKER W. J. Nalley leve (Address) 5 2 - 5 5 5 1 2 10 10 10 10 10 10 10 10 10 10 10 10 10	24. Was disease or injury in any way related to occupation of deceased?
11/2/20 20 80 1180 6 175	(Signed) Cereside Danse M.D.
20. FILED A COUNTY (190) I County	1 Marcon 11 1 Mis some (to sal hell

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis CE VED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	TOTAL 10113
County Prince Georges.	Registration Dist. No. 234
Village or City Friendly Length of residence in city or town where death occurred yrs	NoSt,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME & Learno, Milton	- Holand
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCEO (write the word)	21. DATE OF DEATH Supply 26 This 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cignes 9. Thorus.	Jan 1933 to 26 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 11:15 A.m.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Gytty
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spant in this	Agpert the 1 Prosted
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Storge Roland	
13. NAME Storge Roland 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy? The
15. MAIDEN NAME Martha Thorne	23. If death was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Thorne 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Sex Ralph Roland (Address) Friendless Mad	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE TREESOLIS MICH. Date 9/28 19	Manner of injury
19. UNDERTAKER homas Fr. Murrays for (Address) Hashington Del	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Sept. 27, 1935, Mrs alton Davis Registrar.	(Signed) All Seferally M. D. (Address) Routs 1, and colored

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example to whom the many of the second of th	1	Example II	
The principal cause of leith and related rauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 3 1835	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gasiroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

ECORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT' properly classified. TION is very important. See instructions on back of certificate. pe AGE should be GAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PLANLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	JF MARYLAND—	CERTIFICATE OF DEATH	114
County Prime Ger	Mo's	(u-a)	32
	m	Registration Dist. No.	
Village or City Standard Length of residence In city or town where		No. St., f death occurred in a horpital or institution, give its NAME instead of street and nam s. ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME	Summo		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Cluste Datased (58. If married, wldowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Select (Day) , 19	(Yaar)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year)	elot 9-35	11 5.64 1 2 2 -	eath is said
7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	nine	D.	ate of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	<i></i>	Aleteotasis	
1D. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	m sta	Dther Contributory Causes of Importance:	
13. NAME Thomas	Bully		
13. NAME AMAIN AMA	Africa han an	Nama of operation Date of What test confirmed diagnosis? Was there an auto	psv?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	te Singnis	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	+ mala	Accidant, suicide, or homicide? Data of injury Where did injury occur?	., 19
17. INFORMANT Annals (Address)	Bulla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Croom. Ma	1. Date Sept 10, 1935	Manner of Injury	
19. UNDERTAKER Plannes (Address)	Butles nd.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED. Sept 10, 1935	Elmest Garner Registrar.	(Signed) William M. Thomson (Address)	M. D

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Example I		Example II	
The principal cause of death and related cause of importance were as fellows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ESENED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CT 4 1933	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		4*	
Other contributory dauses of importance:		Other contributory causes of importance:	124 23
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m CAUSE OF DEATH in plain terms,

1	County Prince Tearger	Registration Dist. No. 2, 45
	Village or City 16 18 rentwood	No. 306 School St., 3rd Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?mosds.
	2. FULL NAME // 12 Sarafu Frances	Smith
	(a) Residence: No. 30 6 School (Usual place of abode)	St., 3 rcl Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH temples 22 193 (Month) (Day) (Year)
	5a. If married, widowed, or divorced	(100)
	(ar) WIFE of Mr George M. Smill	22. HEREBY CERTIFY. That I attended deceased from
te.	6. DATE OF BIRTH (month, day, end year) Quag 22 1978	I last saw here alive on Defite . 211, 1932; deeth is said
fica	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 12.1534 m.
of certificate	57 // — 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, Housekeeper SAWYER, BOOKKEEPER, etc.	Chronic Myocordito Date of onset 1931
	Andustry or business in which	Chrome Mephine 1932
back	andustry or business in which work was done, as SILK MILL, Court SAW MILL, BANK, etc 10. Date deceased last worked at this coeraction (months at	Coronary Humboris 1935
s on	10. Date deceased last worked at this occupation (month end 1933 spant in this 23 occupation 23	
ion	Vincinia	Other Contributory Canses of importance:
nct	12. BIRTHPLACE (city or town) // // // (State or country)	arterio deroses Como 1934
instructions	13. NAME Wikhows	Chrome Bronchele 1935
See	14. BIRTHPLACE (city or town)	Name of operation Date of
S	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
nt.	15. MAIDEN NAME Anne Market	23. If death was due to external causes (VIOLENCE) fill In elso the following:
portant	16. BIRTHPLACE (city or town) - Undervocation (State or country)	Accident, suicide, or homicide?
E	17. INFORMANT Mr. George M. Smith ?	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Alle	(Address) 306 School St. 71. Brentwood	opens, whether mighty occurred in the desire, in nome, of the public place,
is ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Washington 56 Date 9/22 1935	Nature of injury
LION	10 Happer were Teles to Mc Guisa	
H	19. UNDERTAKER PARTY (Address) / 8 2 0 - 7 St Wow, 1 05 JT	24. Was disease or injury in any way releted to occupation of deceased?
	Marking of	on so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I		Example II	
The principal cause of des of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	OCT 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	REAU V. S			
	Security of the security of th			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		**7		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE County__ Village or Length of

2. FULL N (a) Resid PERSC

5a. If married, wid HUSBAND of (or) WIFE of

6. DATE OF BIRT 7. AGE

12. BIRTHPLACE

17. INFORMANT _

19. UNDERTAKER

(Address) 18. BURIAL, CREM Place_

(Address)

3. SEX

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10116
PLACE OF DEATH	(34)
County Prince Leones	Registration Dist. No. 2 × 6
Village or City Desetwood	No. Ledans of Janet askened Ward
	If death occurred in a hospital or institution tive its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmo	os. /-7ds. How long in U.S. if of foreign birth?yrs,mos,ds.
FULL NAME MOZELY Daldying	If U.S. Veteran specify WAR.
(a) Residence: No. 6/9 W. Williams St., (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male While Single word)	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ATE OF BIRTH (month, day, and year) /854	I last saw h Line alive on Scalle 4 , 1935; death is said
GE Years Months Days If LESS than	to have occurred on the date stated above, at . 5. Cir. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cicule Cardiac & Walaties
10. Date deceased last worked at this occupation (month and year)	
RG	Other Contributory Causes of Importance:
(State or country)	- Clines
13. NAME Vinel Spalding	Se Wite
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Starksanson	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
(Address) 2012 N. M. k. Warlyte Of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMOUN, OR REMOVAL-	Manner of injury
Place Date 193	Nature of injury
HADERTANER Martin W Husone	24. Was disease or injury in any way related to occupation of deceased? Z.O.

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Registrar.

If so, specify

(Address) 2012

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02

PLACE OF DEATH	STATE OF MARYLAND
County My Gas	CERTIFICATE OF DEATH
. 0	Registration Dist. No. 237
Village or City Challewell (No.	St:: Ward) (If d-ath occurred in a hospital or institution give its NAME is
2FULL NAME MMANUEL Sta	llard street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Juil	16 DATE OF DEATH (3, 1983) (Year) (Year)
6 DATE OF BIRTH 13 , 135	17 I HEREBY CERTIFY, That I attended the deceased from 1925. to 1925.
7 AGE [If LESS than	that I last saw hamalive on AlfM 3
yrs. mos. ds. or 1 day min.?	A December 1
8 OCCUPATION (a) I rade, profession or particular kind of work	Stillson, Cwt R.
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos.
which employed or (employer) 9 BIRTHPLACE (State or country) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contributory Secondary Dyration yrs mos de
10 NAME OF Chydle Stallard	(Signed) M. D. (Signed) M. D.
OF FATHER (State or country)	*State the l-is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Glady S. Corke	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trumients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contracted, it not at place of dea h?
(Informant) Gruss Cooper	usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Clarvell Md	Walderf ma seff 14. 130
15 Filed Soft 13 1935 Aleng B. Parkers	A. 1. Junes aguares my
Te full and added the beginning	ar. 16 W Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Or For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) glanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, aceident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken! FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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S. No.

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(Address) __

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T 105 7 . V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
There was a farge mans extending from Fiver dormings	
reading to pelvia profect gave one the fringers in a C. A. I the	•
liver (particular with the astheria land antima progressi	ny
In the past Dykanie One Landel	1
John Carry Way	

3

	County Z	lune	city (Parts.	Sr/Ze	.0.	Registration	Dist. No. 2	45
	Village or City	Thyatt	soule	mel.	No f death occurred in	a horpital or insti	tution, give its NAM	St., IE instead of street a	
	Length of residence in city	or town where d	eath occurred	1 home	/	ow long in U.S.If	of foreign birth?_:	yrs	mosds.
	(a) Residence: No	126	Moura (Usual place	of abode)	St.,	Ward	Munaka If nghresiden	list give city or town	and State
	PERSONAL AND	STATISTI	CAL PART	CULARS	1	MEDICAL (CERTIFICAT	E OF DEATH	Н
3. SEX	6. 4. COLOR	OR RACE	OR DIVORCE	RIED, WIDOWED, D (rurite the word)	21. DATE (OF DEATH	Light.	(Day)	, 193 (Year)
H	narried, widowed, or divord JSBAND of r) WIFE of	ed	, ,		99.4	HEREB	Y CERTIF	Y. That I attend	
6 DAT	E OF BIRTH (month, day,	and year)	april.	30, 1886	I last saw h	alive on	Sept.	/	35 death is said
7. AGE	Years	Months	Days	If LESS than	to have occurre	d on the date sta	ited above, at//	.25	
49		4	12.	1 day,hrs.	The PRINCIPAL were as follows		ATH and related cau	of Importance	Date of oriset
N 8	Trade, profession, or par kind of work done, a	s SPINNER,	71,		- G	ngina	Pecto	in	Jul 12
E 18	SAWYER, BOOKKEEP Industry or business In	ER, etc	· Li	0	74	yveac	asks el	v.	Dec
OCCUPATION	work was done, as SI SAW MILL, BANK, et	LK MILL,	utures	<i>(</i>	hu	jetuite	e ch	V,	Dec 3
000 10	Date deceased last work this occupation (most year)	ed at	spa	ime (years) nt in this 3.2					
12. BIR	TIIPLACE (city or town)	an	naper	lij	-	tory Causes of im	,		. ye.
~	(State or country)	- (o n	id.	Ch	alerys	teles 6	elv,	apr 32
발 13	NAME	rac	- / ner	uas,					
IL.	State or country	"X Irus	wine,	ted,	Name of operat What test confi	ion rmed diagnosis?_	Chnee	Date of Avas there	an autopsy?
15. 16.	MAIDEN NAME	rhel	Tores	man	23. If death was	due to external c	auses (VIOLENCE)	fill In also the follo	wing:
0 16.	BIRTMPLACE (city or tow	n) 7/1/-	1-0		Accident, suicid	le, or homicide?_		Date of injury	, 19
E	(State or country)	7	1	9.4	Where did injur	ry occur?	(Specify city of	or town, county and	(State)
17. INF	ORMANT Mrs. (Address)	anna	Roles.	Wederse,	Specify whether	r injury occurred	In INDUSTRY, In H	IOME, or In PUBLIC	PLACE.
18. BUF	Place Place	sli 2	Date Seff	+16,35	Manner of injur				
19. UNI	DERTAKER (Address)	Tarch	e So	no j				pation of deceased?	? •
20. FILI	D Sept . 3.19	35 m	no. Jas	Severe	(Signed)	Mai	traffe	and	
			16011	Registrar.	II (Ad	dress)	VII.a. R	ale W	-0

If more blanks are needed, address tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis 07 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	A A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	-	46-2	U A W
County Almee	trouge.	Registration Dist. No. 2	45
Village or City Hyell	soille Ber	No mother long Rest of	Warr
village of Oilyf	. (1	f death occurred in a hospital or institution, give its NAME instead of street ar	nd number)
Length of residence In city or town wh	nere death occurredyrsmo	s	_mos ds
2. FULL NAME Mall	ray a wal	her,	
(a) Residence: No. If an	thurstoney	Street Ward.	
	(Usual place of abode)	If nonresident give city or town a	and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (repite the word)	21. DATE OF DEATH Sept 28	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of The	is walker.	22. I HEREBY CERTIFY That I attend	led deceased from
	mrs 12-1865	19 20, 10 /290 2	19.50
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months		1/ast saw h	Ld.; death is sai
7. AGE Years Months	s Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1063 07 10		were as follows:	Date of onset
Irade, profession, or particular kind of work done, as SPINNED, SAWYER, BOOKKEEPER, etc	rebuce miller		
9. Industry or business in which	+ folowing	Carcinonia cinitali	/
work was done, as SILK MILL, SAW MILL, BANK, etc.		o mulastatis generaliza	
10. Date deceased last worked at	11. Total time (years) spent in this occupation	Reule Carsene Orbitaling	Lyla
	aufe D	Other Coutributory Causes of importance:	
(State or country)	- tex -	Muzicacalis ch.	
13. NAME Maller	- walnu		
13. NAME Advices 14. BIRTHPLACE (city or town) Garage	ellienty -	Name of operation Oate of	f
(State of country)	mu -	What test confirmed diagnosis? N Add Was there a	in autopsy//
15. MAIDEN NAME Toely	ne land	23. If death was due to external causes (VIOLENCE) fill in also the follow	ving:
15. MAIDEN NAME TO CLUB 16. BIRTHPLACE (city or town)	attepoliny -	Accident, suicide, or homicide? Oate of injury	, 19
(State or country)	mel -	Where did injury occur? (Specify city or town, county and S	Store
17. INFORMANT Recurs (Address) Gael	husbury and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATION, OR REMOVAL	1 - made 11.2034	Manner of injury	
Place faithingt	Date , 19	Nature of injury	
19. UNDERTAKER Singer (Address)	& Souther	24. Was disease or injury in any way related to occupation of deceased?	
0119- 1-0	Solvery Man	If so, specify (Signed) Mally Rearie	
20. FILES (S)	B CluEf	(Address) Manuale Mid	M.
16.		2411 N. Charles Street Baltimore Requesting 7) S. No. 1	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 7 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IMLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be -WRITE PLA

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	174			
County Truce Heavill	Registration Dist. No. 24			
Village or City Lecokeep Ided				
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.			
2. FULL NAME Colinates Summer	ex Watson			
(a) Residence: No. He as thall Hall.	Lote Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of allie aun Vallaga	22. I HEREBY CERTIFY, That I attended deceased from ,19, to			
6. DATE OF BIRTH (month, day, end year) Mr. 100/2 -1876	I last saw h alive on, 19; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.			
59 6 13 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the properties) of the properties of the propert	Steel worms. Date of onset			
Industry or business in which work was done, as SILK MILL.	of chest-			
work was done, as SILK MILL, SAW MILL, BANK, etc	(Figuelial of			
this occupation (month and spent in this occupation	right ling			
12, BIRTHPLACE (city or town) Remarks mid.	Other Contributory Causes of importance:			
(State or country)				
13. NAME Phllam Joshua Watson				
13. NAME Holian Joshua Walson 14. BIRTHPLACE (city or town)	Name of operation Date of			
(State of country)	What test confirmed diagnosis? Westhere an autopsyt			
15. MAIDEN NAME Consider March 16. BIRTHPLACE (city or town) Westwood	23. If death was due to external causes (VIOLENCE) fill In also the following:			
16. BIRTHPLACE (city or town) McMuwolf (State or country)	Accident, suicide, or homicide? Tange Que Date of injury 11, 192			
(State of Country)	Where did Injury occur? (Specify city or town, county and State)			
17. INFORMANT ALLE CART MARKET	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR PEMOVAL) Jer's Walfacy end	Manner of injury			
Place & Aganthum Date Dept 16, 1935	Nature of injury.			
19. UNDERTAKER Ilmut & Cofer	24. Was disease or injury in eny way related to occupation of deceased?			
(Address) Maron Eprings and.	If so, specify			
20. FILED Sept. 17, 1935 Mrs alton Davis	(Signed) Sury Ol Logues M. of			
Registrar.	(Address) Walled			

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	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 6,1927	Peritonitis	3 days ago	
4			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 2, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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